

**Leonard A. Cole  
Aspen Institute Homeland Security Group  
WMD Working Group**

**Before the Committee on Homeland Security  
Subcommittee on Counterterrorism and Intelligence  
U.S. House of Representatives  
Hearing on WMD Terrorism: Assessing the Continued Homeland Threat  
November 15, 2012**

Chairman Meehan, Ranking Member Higgins, distinguished members of the Subcommittee, I much appreciate the opportunity to discuss with you the new paper titled *WMD Terrorism* by the Aspen Homeland Security Group's WMD Working Group. Produced at the request of Homeland Security Secretary Janet Napolitano, it offers an update on recommendations made in December 2008 by the bipartisan Commission on the Prevention of Weapons of Mass Destruction Proliferation and Terrorism (WMD Commission).

The WMD Commission had determined that WMD terrorism is a continuing and serious threat. It further concluded that terrorists were more likely to obtain and use a biological than a nuclear weapon. The Aspen Working Group paper surveys the current biological and nuclear threats, reviews our nation's readiness to address the threats, and lists proposed actions. As a member of the Working Group and co-editor of the paper, I am pleased to share with you some of the paper's key determinations.

**Biological Threat.** The release of a briefcase-full of high-quality biological agent, such as powdered anthrax spores, could place many thousands of people at risk. The physical, psychological, and economic consequences could be monumental. Any nation with a developed pharmaceutical industry has the capability to produce potent "military-grade" bioweapons. But as the 2001 anthrax attacks demonstrated, even a few letters containing spores could cause illness and death and terrorize the nation.

The availability of pathogens for use as bioweapons is ubiquitous. Although spending on biodefense was ramped up after 2001, the sense of urgency has receded and bio-preparedness has suffered. Many experts worry that complacency and shrinking budgets, especially for state and local public health departments, have left the nation under-prepared.

**Nuclear Threat.** Acquisition of a nuclear weapon through fabrication of an improvised device or theft of an existing weapon is far more challenging than the acquisition of other unconventional weapons. But if terrorists could obtain the necessary quantity of fissile material and detonate a nuclear device, the consequences would be catastrophic in terms of lives lost, structural damage, and psychological effects.

Al Qaeda terrorists attempted to purchase fissile material or what they believed were

nuclear weapons on at least two occasions, once in Sudan and later in Afghanistan. In the last decade, the organization's nuclear weapons project turned from an actual—albeit unsuccessful—acquisition effort to a propaganda program calculated to excite its followers and frighten its foes. The widespread public alarm created by al Qaeda's nuclear efforts suggests that the idea of nuclear terrorism will almost certainly be on the minds of tomorrow's terrorists.

The Aspen Working Group underscored the importance of preventing the spread of these weapons and the bi-partisan imperative that Iran must be prevented from acquiring nuclear arms.

**Readiness.** Response resources in some areas have diminished in recent years. One example: The 2010 Quadrennial Defense Review canceled most of NORTHCOM's WMD response capabilities. (NORTHCOM, the U.S. Northern Command, is the military's homeland defense command.) Another example: Funding through the Department of Health and Human Services for state and local public health and medical response capabilities has been substantially reduced.

Response plans and exercises also fall short of optimal levels. Planning that realistically incorporates federal, state, local and private sector resources into a unified WMD response is largely absent. Similarly, consequence management exercises remain insufficiently rigorous and challenging. NORTHCOM has never held an exercise that employs a full defense WMD response force.

#### **Proposed Actions (Selected)**

1. Regarding WMD, place a premium on assessing capabilities and intent both of states and terrorist organizations.
2. Emphasize that despite the weakening of al Qaeda's structure, terrorist interest in WMD remains undiminished.
3. Underscore the importance of public-private collaboration and the need to augment resources for public health and medical response capabilities.
4. Congress should reauthorize the Pandemic and All-Hazards Preparedness ACT (PAHPA).